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ABSTRACT

Social service providers were surveyed in an attempt to obtain an estimate of current social service utilization patterns. A survey was mailed to the director of each major social service agency in the community and filled out in conjunction with a map of the catchment area. Respondents were asked first to outline those areas on the map which they perceived as their "service area," and second, to indicate the particular location from which came the greatest number of their clients. Areas pinpointed by agencies as high in utilization were geo-coded according to census tract. Summing these ratings across respondents produced an estimate of utilization index for each census tract which was compared with a social indicator based index of mental health need. Tracts with the greatest discrepancy between need and service utilization were targeted as high priority intervention areas. Service utilization patterns were also analyzed for particular types of agencies, e.g., public versus private, health versus educational. (Author)

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Measuring the Parity Between Mental Health Need and Community Social Service Delivery

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Method

Participants

A list of public and private social service providers within the mental health center's catchment area was developed from regional directories. Based on this list, surveys were sent to all agencies providing mental health-related services (N = 110), with the exception of acute care and board and care facilities. The types of service providers contacted ranged from small minority-oriented agencies to large government agencies, and from public-mandated services to private clinicians.

Procedure

A survey consisting of a one-page questionnaire and a multi-colored map of the mental health center's catchment area was mailed to the administrator of each service agency. First, respondents provided descriptive information about their agencies' services and clientele (e.g., type of agency, racial breakdown of clients, etc.). Then, using the map provided, the respondent outlined the agency's catchment area. Next, using colored adhesive dots provided with the map, respondents indicated (1) the agency's location; (2) the particular location within the catchment area providing that agency with its greatest number of clients; and (3) the particular location within the catchment area providing that agency with its least number of clients.

Each agency was called a few days prior to mailing to verify the agency's address, give a brief explanation of the survey's purpose, and solicit cooperation. If possible, contact was always made with the director or person in charge of the agency. A follow-up mailing was conducted two weeks later to agencies not returning the initial survey. Later, personal contact was made with most of the agencies which still had not returned surveys.

Measures

The information provided on the map was coded according to census tract using a clear plastic overlay. Each census tract was given two scores. The first represented the number of times the tract was mentioned by an agency as providing the majority of its clients. The second score represented the number of times the tract was mentioned by an agency as providing the least number of its clients.

Since the agencies contacted varied widely in terms of the size of their client population, the number of times a census tract was indicated as providing most or least clients was weighted by agency size (i.e., weight 1 = agency serving less than 25 clients per week; weight 2 = agency serving between 26 and 125 clients per week; and weight 3 = agency serving more than 126 clients per week). These two scores for each census tract were termed the "weighted most" score and the "weighted least" score.

In order to determine relative service utilization, a tract's weighted least score was subtracted from its weighted most score. Thus, the weighted utilization score (WUS) for each tract was computed as follows:

WUS = (weighted most score) - (weighted least score).

In this way, those census tracts that received the highest scores overall were tracts that provided many clients to many agencies, and no clients to few agencies.

This index was compared with an incidence measure based on public mental health patients in the catchment area (Hull, Huebner, Small & Pion, in press). The significant rank-order correlation (r_s = .43, p .05) supports the validity of the WUS as a utilization measure, especially since the present study involved both public and private mental health patients.

The weighted utilization scores were rank-ordered with a high rank representing low utilization. An index of mental health need for each census tract based on a social indicator methodology utilizing census, health, and welfare statistics had been previously developed (Huebner, Hull & Small, 1978). Since this index provided a measure of mental health need for each tract, a rank ordering of tracts based on need could be compared with a rank-ordering based on utilization.

Results

Sixty-seven surveys (61%) were returned. Demographic analysis of the agencies and clients served indicated that the majority of agencies were private. Clients served were generally white, young to middle-age adults. On average, clients over sixty-four years of age represented only 7% of the total client population. Black clients represented 18% and Hispanic clients represented 20% of the total client population.

Parity Analysis

Two findings concerning the parity between mental health need and utilization rates are of primary interest. First, the rank-ordering of tracts according to the weighted utilization score and the index of mental health need converged significantly, according to Kendall's Tau statistic (r_k (34) = .30, $p < .01$). Those tracts ranked high in mental health need and utilization rate are shown in Figures 1 and 2. Five census tracts were ranked in the top quartile by

both methodologies; this convergence supports the targeting of these tracts as high in mental health need (see Table I). Second, in order to identify census tracts high in need but low in utilization the ranking of tracts was divided into quartiles on both the mental health index and the weighted utilization index. The five census tracts in the lower left section of Table I were particularly high in need but low in utilization and thus were targeted as high priority tracts for future intervention.

Discussion

As part of the trend toward accountability, mental health centers increasingly are being called upon to engage in systematic program planning. Such comprehensive planning requires information about both current mental health needs and current level of service delivery. Furthermore, since mental health centers at all levels are required to engage in such planning activities, there is a need for a methodology which is both reliable and inexpensive.

A map survey approach has been demonstrated to be useful in generating need assessment information (Hull, Huebner, Small, & Pion, in press). The present study provided an initial demonstration of the utility of this approach in assessing service utilization patterns. The identification of census tracts in the catchment area which were often served by community agencies agreed with a prior incidence measure of public mental health patients. The majority of tracts ranked as high in utilization were also ranked as high in mental health need. Finally, this approach permitted the identification of census tracts which were high in mental health need but low in service utilization — tracts which should be considered targets for future intervention.

Because of the low number of respondents involved, these results should be regarded as preliminary. Also, since underutilization was measured only in terms of differences in ranks, this methodology assesses relative underutilization; a more comprehensive approach also would assess absolute levels of utilization and need. The present results do suggest, however, that map surveys can provide valid needs assessment and program planning information in an economical fashion.

References

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TABLE 1

Crosstabulation of Mental Health Need
with Perceived Social Service Utilization

Quartiles of Perceived Social Service Utilization	Quartile	Quartiles of Mental Health Need: 1 (High Need)	2	3	4 (Low Need)
High Utilization	1	23.02 25.01 28.00 29.01 29.02	23.01 26.00	15.00 25.02	---
	2	27.01	20.00 21.02 24.02	19.02 27.02	19.01 21.01
	3	13.01 24.03	22.00	30.00	24.04 32.00 34.00 88.00
Low Utilization	4	17.00	24.01	02.00 03.00 16.00 33.01	13.02 18.00 33.02

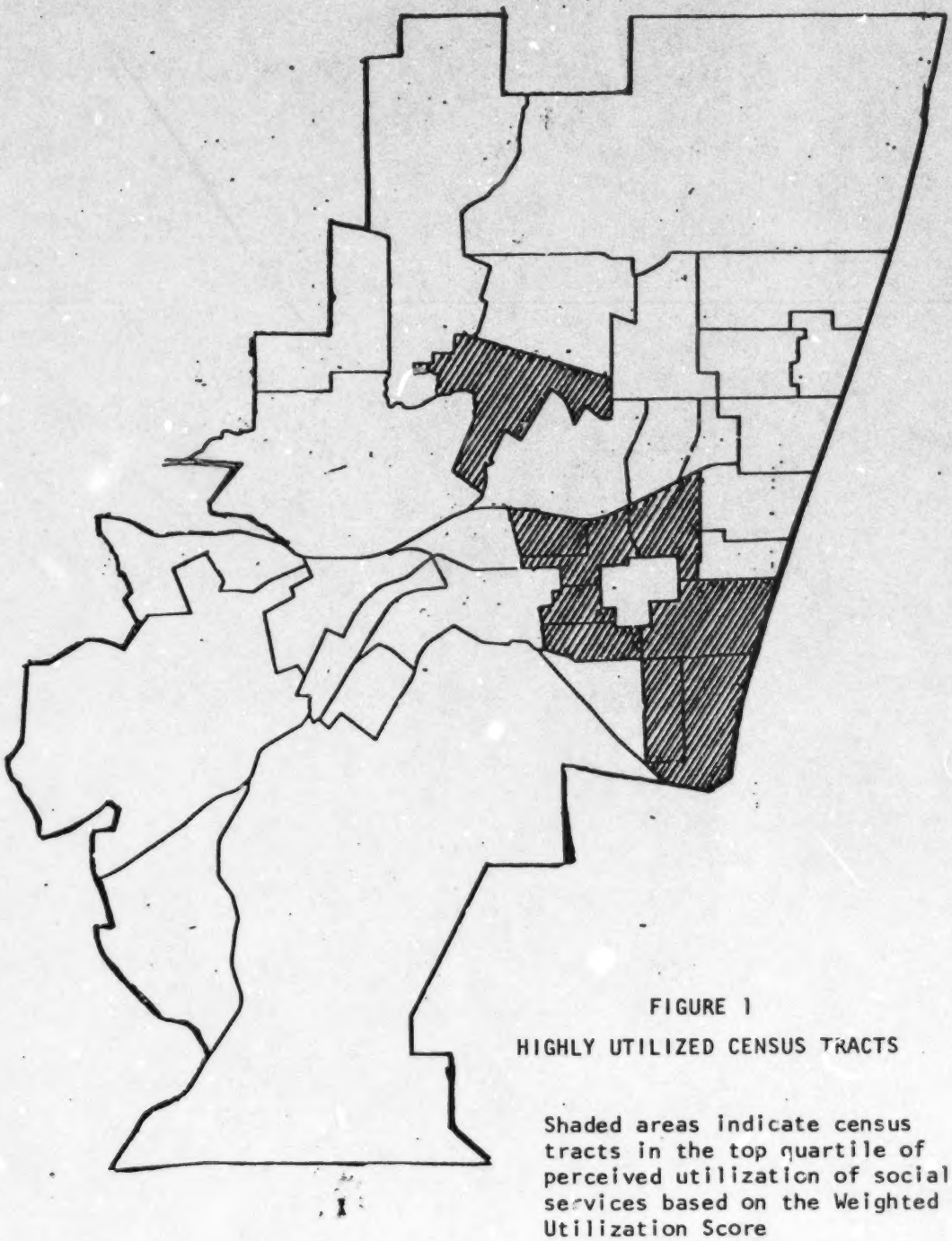

FIGURE 1

HIGHLY UTILIZED CENSUS TRACTS

Shaded areas indicate census tracts in the top quartile of perceived utilization of social services based on the Weighted Utilization Score

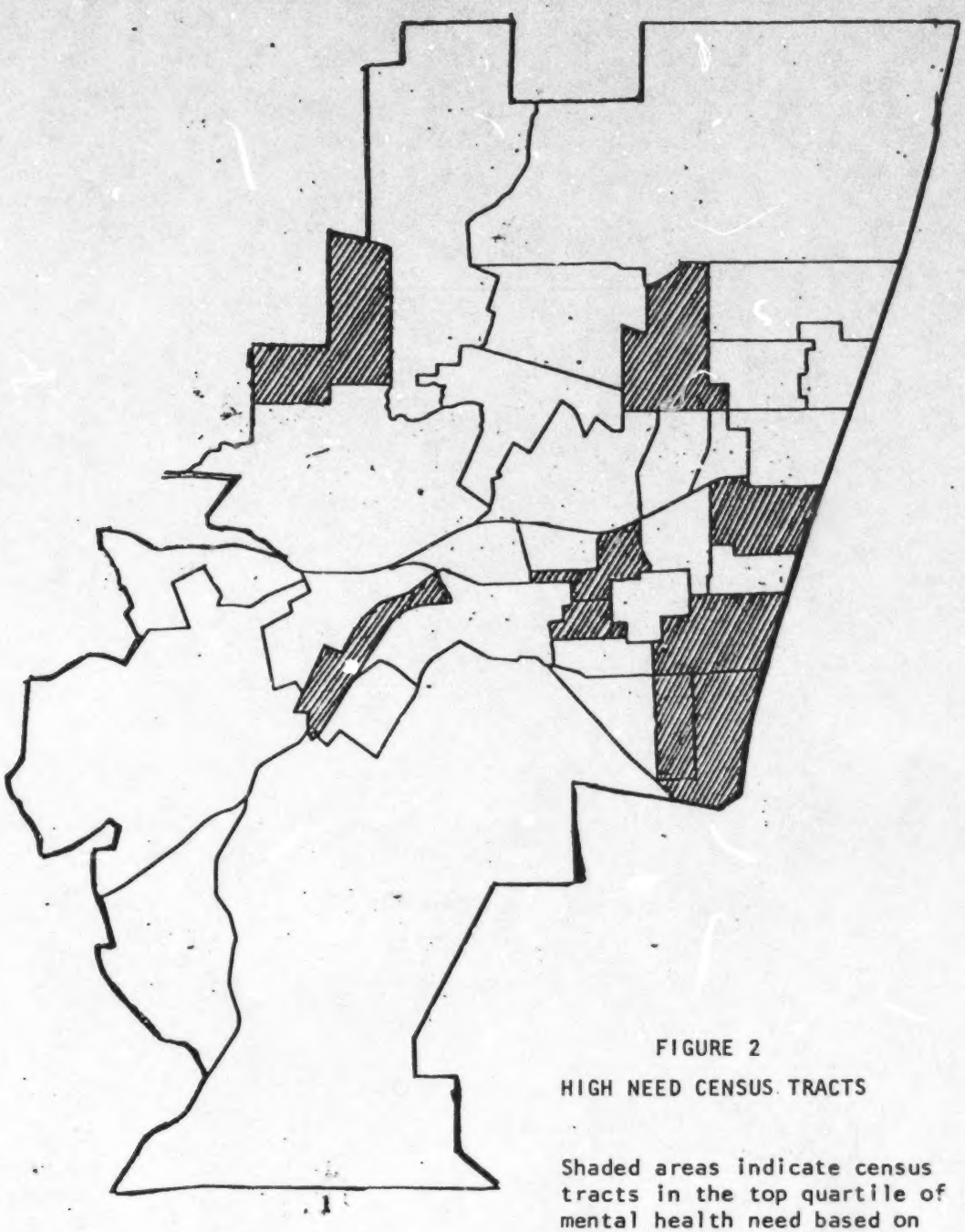

FIGURE 2

HIGH NEED CENSUS TRACTS

Shaded areas indicate census tracts in the top quartile of mental health need based on the Mental Health Need Index